

November 25, 2002

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TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0335-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. specialized and board certified in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was a 42-year-old gentleman who injured himself on ___ when he was a driver for his company van. Records indicate the patient was backing up and struck a brick pole. His neck jerked back and he struck his right knee against the dashboard of the vehicle. ___ initially was complaining of neck pain and right knee pain. His initial examination on August 22, 2000 revealed mild patella tenderness with no signs of meniscal damage. Collateral ligaments were intact.

___ was thoroughly examined for neck injury. MRI studies of the neck deemed that the patient was a surgical candidate. He underwent several epidural steroid injections through his cervical spine with no improvement. The patient did have a second opinion regarding his neck surgery and was recommended that his surgery was indicated and necessary.

On August 8, 2001, ___ did undergo an anterior cervical discectomy and cervical fusion at C5-C6. It is also noted that the patient underwent a second operative procedure within one week after his original surgery. This surgery was of the cervical spine and could be due to an extruded bone plug.

It is further noted that ____ cervical fusion was solid as of December 13, 2001, as determined by ____.

The patient had persistent neck pain and was seen by ____ for pain management. He underwent facet joint injections.

Over this period of time ____ was seen by several chiropractors and physicians. He eventually came under the care of _____. It is noted that in the summer of 2002 he complained of persistent right knee pain. An MRI of the right knee was performed. It was interpreted by _____. The findings can be found on the report dated July 17, 2002. Needless to say, it is noted that the patient had a large joint effusion. Extensive soft tissue swelling. No obvious tears of his ligaments or menisci. There were moderate degenerative changes of the posterior horn of the medial meniscus. X-rays of the right knee performed on the same day demonstrate extensive soft tissue swelling consistent with a new injury.

It is noted that the patient has seen _____. _____ has recommended a right knee arthroscopy for a possible medial meniscal tear.

REQUESTED SERVICE

Right knee arthroscopy is requested for _____.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Based on medical records provide, the reviewer finds that a right knee arthroscopy is not warranted in this patient. The mechanism of injury is not reliable with regards to meniscal tear. Multiple physicians have examined this patient and there is no evidence of ongoing knee injury, i.e. meniscal tear. In addition, the MRI of the right knee performed in July 2002 is that of an acute process, either an injury or an ongoing cutaneous infection. There is no strong evidence on this MRI that this patient has an active medial meniscal tear, though this is not to say that the patient does not have knee pain.

As an officer of _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).